## **DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION**

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	pelow named inventor, I here sidence, post office address we I am the original, first an int inventor (if more than or ich a United States patent is alline beta-lactam intermed ecification of which:  is attached hereto.  was filed on  and, if this box (□) contain  was filed as Patent Cooperand, if this box (□) contain  and, if this box (□) contain  and, if this box (□) contain	pelow named inventor, I hereby declare that: sidence, post office address and citizenship are as stated ve I am the original, first and sole inventor (if only one n int inventor (if more than one name is listed below) of tr ich a United States patent is sought on the invention enti alline beta-lactam intermediate ecification of which:  is attached hereto.  was filed on as Application

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

I acknowledge my duty to disclose all information which is known by me to be material to the patentability of this application as defined in 37 C.F.R. § 1.56.

I hereby claim the benefit under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below and under 35 U.S.C. §365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	Р	RIORIT	ΓΥ CLA	IMED
Austria	799/99	05/05/1999	X	Yes		No
				Yes		No
				Yes		No
				Yes		No
				Yes		No
I hereby claim the benefit under 35 U.S.C. § 119 (e) of any United States provisional application(s) listed below:						
APPLICATION NO.		FILING DATE (day/month/year)				

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and under 35 U.S.C. §365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of 35 U.S.C. §112, I acknowledge my duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

United States	United States	Status (Pending,	International	
Application No.	Filing Date	Abandoned or U.S.	Application No.	and Filing Date
''	(day/month/year)	Patent No.)		(day/month/year)

pending

PCT/EP 00/03941

03/05.2000

I hereby appoint the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If these brackets contain an X [X], I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from the Patents and Trademarks Division of Novartis Pharma AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please address all communications to the address associated with Customer No. 001095, which is currently Thomas Hoxie, Novartis Corporation, Patent and Trademark Department, 564 Morris Avenue, Summit, NJ 07901-1027.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first joint inventor	Julia GREIL		
Inventor's signature		Date _	(day/month/year)
Residence	Kramsach, Austria		
Citizenship	Austrian		
Post Office Address	Lende 179 b 6233 Kramsach		

**Austria** 

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Full name of second joint inventor, if any	Johannes LUDESCHER		
Inventor's signature		Date _	(dov/month/voor)
			(day/month/year)
Residence	Breitenbach, Austria		
Citizenship	Austrian		
Post Office Address	Kleinsöll 101 6252 Breitenbach Austria		
Full name of third joint inventor, if any	Klaus TOTSCHNIG		
Inventor's signature		Date	
			(day/month/year)
Residence	Kundel, Austria		
Citizenship	Austrian		
Post Office Address	Biochemiestrasse 44 6250 Kundel Austria		
Full name of fourth joint inventor, if any	Siegfried WOLF		
Inventor's signature		Date .	(day/month/year)
			(aug/months)
Residence	Brixlegg, Austria		
Citizenship	Austrian		
Post Office Address	Bruggerstrasse 4 6230 Brixlegg Austria		